



DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD PROTECTION SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
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Estimado/a :

La Oficina de Servicios de Protección Infantil del Departamento de Servicios Sociales quiere expresarle su agradecimiento por cuidar de los niños de Dakota del Sur.

Como miembro integrado al grupo de cuidado temporal su aporte es muy importante para el continuo cuidado de los niños.

Con el propósito de colaborar con el Departamento para reclutar y conservar a las familias de acogida temporal le solicitamos que complete este cuestionario y lo devuelva a esta oficina.

Gracias por el tiempo dedicado a completar este cuestionario.

Atentamente,

A handwritten signature in black ink that reads 'Virgena Wieseler'. The signature is written in a cursive, flowing style.

Virgena Wieseler
Administradora

Documento adjunto

DSS-CP-566

FOSTER PARENT EVALUATION OF CPS

1. What was most satisfying about being a foster parent?
2. Was foster parenting what you expected? Why or why not?
3. Would you consider providing foster care in the future? Why or why not?
4. Is there a family you would suggest that you feel would be interested in providing foster care?
5. If you could make any changes in the foster care system, what would they be?
6. Did any of the following reasons contribute to you leaving the foster care system?
Indicate yes or no and explain.

Liability issues _____.

Reimbursement not adequate to cover expenses of child _____.

Need for day care _____.

Separating from the child was too difficult for our family _____.

Changes in jobs, life styles (married, divorced) health, moved, advancing age _____.

Adopted/birthed a child and need to devote time to her/him _____.

Disillusionment with the system in general _____.

Lack of Agency (social worker, licensing worker, training, lack of adequate contacts, personality conflict) support when dealing with the children _____.

Need time to be with our own immediate family _____.

Feel we have completed our obligation to helping others _____.

Lack of placements _____.

Overloading home on a regular basis _____.

What was your greatest problem being a foster parent?

Other (Please specify)

Would you like for us to call and visit you about your former role in the Foster Care System?

YES NO

If you indicate yes, please give your name and phone number.
